

**COMMERCIAL BUILDING CONSTRUCTION SITES  
NOTICE OF INTENT**

NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

Return completed form to:  
DEPARTMENT OF COMMERCE  
S&B INTEGRATED SERVICES  
PO BOX 7162  
MADISON WI 53701-7162

Complete the following registration form. **After developing an erosion control plan according to Comm 61.115 and a long-term storm water management plan according to NR216.47, submit completed registration form to address shown above. NOTE: This form must be reviewed by the department, for projects which will disturb 5 or more acres, at least 14 days prior to any earth disturbing activities.** Optionally, you may also file an NOI for projects disturbing 1 to 5 acres in order to comply with additional federal EPA requirements that became effective for such smaller sites effective on March 10, 2003.

**1. Construction Site Information**

Total Estimated Disturbed Area \_\_\_\_\_ Acres  
Anticipated Construction Start Date \_\_\_\_\_  
Anticipated Construction End Date \_\_\_\_\_  
Nearest named receiving water body \_\_\_\_\_

**2. Type of Project – Fill in all known information**

Project/Site Name \_\_\_\_\_  
Number & Street/Legal Description \_\_\_\_\_  
County \_\_\_\_\_ ( ) City ( ) Village ( ) Town of \_\_\_\_\_  
Tenant name or building designation: Example: West Mall/Jim's Shoes, Bldg #1  
Tenant or building address \_\_\_\_\_ Zip Code \_\_\_\_\_

**3 Complete the following designer/owner/requesting information. Utilize the check boxes when designer, owner or requesting party is the same to avoid repeating information. Attach additional copy of this page if there are more customers.**

**Owner Information (Customer 1)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_  
Phone Number (area code) \_\_\_\_\_ Fax or Internet \_\_\_\_\_  
Check others if applicable ( ) Supervising Professional A/E # \_\_\_\_\_  
( ) Designer

**Supervising Professional (Customer 3)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_  
Phone Number (area code) \_\_\_\_\_ Fax or Internet \_\_\_\_\_  
Check others if applicable ( ) Supervising Professional A/E # \_\_\_\_\_  
( ) Designer

**Designer Information (Customer 2)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_  
Phone Number (area code) \_\_\_\_\_ Fax or Internet \_\_\_\_\_  
Check others if applicable ( ) Supervising Professional A/E # \_\_\_\_\_

**REQUIRED SIGNATURES**

**Stormwater Requirements**

**Stormwater plan requirements. Owner must sign the following verification statement.**

**I verify that a long-term stormwater management plan meeting the requirements set forth in NR 216.47 has been developed and will be implemented.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_